08884

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spring Chestertown
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) Maple & Spring Ave.

3. NAME OF DECEASED (Type or Print) (First) Grace (Middle) Kemp. (Last) Bodley

4. DATE OF DEATH (Month) Sept. (Day) 5 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct. 19 1865
9. AGE last birthday 83 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired
10b. KIND OF BUSINESS OR INDUSTRY Housekeeping
11. BIRTHPLACE (State or foreign country) Denton Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Denny Kemp
14. MOTHER'S MAIDEN NAME Mariana Virginia Denny.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Carl N. Bodley (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
444	Immediate cause	(a) Uremia	2 weeks
131 b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial Hypertension & nephritis	10-15 years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophic arthritis. Cerebral arteriosclerosis 10-15 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Sept 5, 1949, that I last saw the deceased alive on Sept 5, 1949, and that death occurred at 7 Am., from the causes and on the date stated above.

SIGNATURE Robert W Barr (Degree or title) MD. ADDRESS Chestertown, Md. DATE SIGNED 9-6-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept. 7 1949
NAME OF CEMETERY OR CREMATORY Chester
LOCATION (City, town, or county) Chestertown (State) Maryland

DATE REC'D BY LOCAL REG. Sept. 6 - 1949
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Marvin V. Williams. ADDRESS Chestertown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 8 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08885

CERTIFICATE OF DEATH

Reg. Dist. No. 200

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington; MARYLAND; LENGTH OF STAY (in this place) 3 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) SLOAN (Last) BOTTOMLEY

4. DATE OF DEATH: (Month) Sept. (Day) 18 (Year) 1949

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 12 1858

9. AGE last birthday: 91 yrs.

If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Butcher

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Battomley

14. MOTHER'S MAIDEN NAME: Hanna Sloan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT: Mrs. Henry Smith Millington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 5 years

932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Anaemia (Secondary) — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Insanitum — months.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY: none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 9, 1949, to Sept. 15, 1949, that I last saw the deceased alive on Sept 16, 1949, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE: W. H. Hamilton (Degree or title) M.D ADDRESS: Millington DATE SIGNED: Sept. 19 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: Sept. 21 1949 NAME OF CEMETERY OR CREMATORY: Millington LOCATION (City, town, or county) Millington (State) Md.

DATE REC'D BY LOCAL REG. Sept. 20, 1949 REGISTRAR'S SIGNATURE: Edward Tillotson.

24. FUNERAL DIRECTOR: Edward Tillotson ADDRESS: Millington Md.

RECEIVED
SEP 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08886

CERTIFICATE OF DEATH

Reg. Dist. No. 203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall | LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location) Maple Ave

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Elizabeth (Last) Boyer
4. DATE OF DEATH: (Month) Sept (Day) 29 (Year) 1949
5. SEX: Fem
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 11-12-64
9. AGE last birthday: 84 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home work
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Henry Davis
14. MOTHER'S MAIDEN NAME: Anna Wood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Benson (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) chron Endo-Myocarditis - Decompensation

421.4 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Anemia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 19 1949, to 9/29 1949, that I last saw the deceased alive on 9/23 1949, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edward A Burgard	M.D.	Rock Hall, Md	10/2/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 2/49	Wesley Chapel Cemetery	Rock Hall. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/2/49	S. Elwood Burgess	Edgar L. Lane	Church Hill Md

RECEIVED
OCT 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08887

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (In this place) all type
HOSPITAL OR INSTITUTION OR STREET ADDRESS 200 Front

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) 200 Front

3. NAME OF DECEASED (Type or Print) (First) Andrew (Middle) J. (Last) Briscoe

4. DATE OF DEATH (Month) Sept. (Day) 10 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH June 3 1897
9. AGE last birthday 52 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY general
11. BIRTHPLACE (State or foreign country) Still Pond - Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Briscoe
14. MOTHER'S MAIDEN NAME Anna Lavinus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Dorothy Grosso (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
241	Immediate cause	(a) Coronary thrombosis	1 hour
	Antecedent cause(s)		
94a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchial asthma	3 weeks
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1949, to Sept 10, 1949, that I last saw the deceased alive on Sept 10, 1949, and that death occurred at 8 15 a m., EDST from the causes and on the date stated above.

SIGNATURE R. Hart Warr (Degree or title) MD. ADDRESS Chestertown, Md. DATE SIGNED 9-12-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept. 12, 1949
NAME OF CEMETERY OR CREMATORY St. Paul
LOCATION (City, town, or county) (State) Near Fairlee, Maryland

DATE REC'D BY LOCAL REG. Sept. 12-1949
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Marvin V. Williams - ADDRESS Chestertown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

52 June 3 1897

$ 500.00

Dorothy Grosso

RECEIVED
SEP 14 1949
BUREAU V. B.

018888

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 209

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown | LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Cliff City Rural Route)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Chestertown
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Elmer (Middle) (Last) Goodman
4. DATE OF DEATH: (Month) Sept. (Day) IO (Year) 1949
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: July 3, 1885
9. AGE last birthday: 64 yrs. | If under 1 year: Months Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Fishing etc.
11. BIRTHPLACE (State or foreign country): Kent County Maryland
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: James Goodman
14. MOTHER'S MAIDEN NAME: Margaret Hadaway
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 215-12-6037
17. INFORMANT: Mrs. Harry Goodman, Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Pulmonary edema & coronary insufficiency — 1 hour
Antecedent cause(s)
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterial hypertension — ?
(c) Coronary sclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 9, 1949, to Sept 10, 1949, that I last saw the deceased alive on Sept 10, 1949, and that death occurred at 1:10 p.m. E.D.S.T., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. Hutchison M.D. Chestertown, Md Sept 10 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Sept. 12, 1949 | NAME OF CEMETERY OR CREMATORY: Chester Cem. | LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REG.: Sept. 10-1949 | REGISTRAR'S SIGNATURE: Clara L. Barnes. | 24. FUNERAL DIRECTOR: J. Willis Wells - Chestertown, Md. | ADDRESS

RECEIVED
SEP 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08889

CERTIFICATE OF DEATH

Reg. Dist. No. 2-02

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Kent; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; STREET ADDRESS (If rural give location) Rural - Quaker Neck

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Wesley (Last) Goodman

4. DATE OF DEATH: (Month) Sept. (Day) 21 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 17, 1865

9. AGE last birthday: 84 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: fishing

11. BIRTHPLACE (State or foreign country): Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Goodman

14. MOTHER'S MAIDEN NAME: Margaret Hadaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): none

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial failure — Interval between onset and death: 9-18-49

177 Antecedent cause(s)

51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

(c) Carcinoma of the prostate gland — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: August 26, 1949

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the prostate

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 20, 1949, to Sept 21, 1949, that I last saw the deceased alive on 9-21, 1949, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

SIGNATURE: A. C. Dick (Degree or title) M.D. ADDRESS: Chestertown, Md. DATE SIGNED: 9-22-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Sept 24, 1949 — NAME OF CEMETERY OR CREMATORY: Chester Cem. — LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REG.: Sept. 22-1949 — REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: J. Willis Wells - Chestertown, Md. ADDRESS

VS. A15

RECEIVED
SEP 24 1949
BUREAU V. S.

08890

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall | LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) Spencer (Middle) Harris (Last)
4. DATE OF DEATH (Month) Sept (Day) 23 (Year) 1949
5. SEX Male | 6. COLOR OR RACE Col | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH March 19 1890 | 9. AGE last birthday 59 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wa Bonner | 10b. KIND OF BUSINESS OR INDUSTRY Fishing | 11. BIRTHPLACE (State or foreign country) Kent Co Md | 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Richard Harris | 14. MOTHER'S MAIDEN NAME Frances Hynson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Chas Harris Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

420,1 Immediate cause (a) Myocarditis — Same M.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary obstruction — Immediate

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — | (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from In Bestigated Death Signed Certificate as Deputy Med Exam Kent Co 1:30 PM, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE Frank Hines (Degree or title) M.D. | ADDRESS Chestertown Md | DATE SIGNED Sept 24/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 9/26/49 | NAME OF CEMETERY OR CREMATORY Sharp Lowry | LOCATION (City, town, or county) Rock Hall, Kent (State) Md.

DATE REC'D BY LOCAL REG. 9/26/49 | REGISTRAR'S SIGNATURE S. Elwood Burgess | 24. FUNERAL DIRECTOR Asbury Henry | ADDRESS Chester Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08891

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; LENGTH OF STAY (in this place) 24 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Annes

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) (Last) Joiner

4. DATE OF DEATH: (Month) Sept. (Day) 30, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-18-73

9. AGE last birthday: 75 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Rock Hall, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lucing Thomas

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized peritonitis	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Perforation of colon	4 days
	(c) Metastatic carcinoma, probably from colon	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-30-49

19b. MAJOR FINDINGS OF OPERATION: Generalized peritonitis: mass in pelvis; hernia.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-29-49 19....., to 9-30-49, 19....., that I last saw the deceased alive on 9-30-49, 19....., and that death occurred at 10:30P.M., from the causes and on the date stated above.

SIGNATURE: A. C. Sick (Degree or title) M.D. ADDRESS: Chestertown, Md. DATE SIGNED: 10-1-49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: Oct 3-49 | NAME OF CEMETERY OR CREMATORY: Wesley Chapel | LOCATION (City, town, or county) (State): Rock Hall Md

DATE REC'D BY LOCAL REG.: Oct. 1-1949 | REGISTRAR'S SIGNATURE: Clara L. Barnes. | 24. FUNERAL DIRECTOR: Edgar L Lane | ADDRESS: Church Hill Md

RECEIVED
OCT 3 1949
BUREAU V. S.